



AMENDMENT

Application #	09/752,026
Confirmation #	8705
Filing Date	December 29, 2000
First Inventor	SULLIVAN
Art Unit	2168
Examiner	Le, Debbie M.
Docket #	257/127 (P08622US00/RFH)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

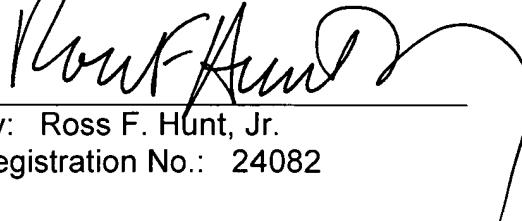
SIR:

In response to the Office Action dated August 17, 2006, please consider the responsive **Remarks** provided herewith in **Attachment A**, and please amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.

It is submitted that the application in its present form is now in condition for allowance.

Respectfully submitted,



By: Ross F. Hunt, Jr.
Registration No.: 24082

Date: October 26, 2006

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TRANSMITTAL FORM

(for all correspondence after initial filing)

Total number of pages in this submission =

Application #	09/752,026
Confirmation #	8705
Filing Date	12/29/2000
First Inventor	SULLIVAN
Art Unit	2167
Examiner	Robinson, Greta Lee
Docket #	257/127 (P08622US00/RFH)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fees calculated below	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl.
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> including Attachments	<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> After Final Amendment	<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> including Attachments	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Extension of Time Petition	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:

	NOW	Previously Paid For	Present Extra	Rate	\$
<input checked="" type="checkbox"/> TOTAL CLAIMS	21	24		X \$ 50 =	
<input checked="" type="checkbox"/> INDEPENDENT CLAIMS	3	3	0	X \$ 200 =	
TOTAL OF ABOVE CLAIMS FEES =					0
SUBTOTAL =					
TOTAL OF ALL FEES =					0

The Commissioner is hereby authorized to charge the above-noted fee of \$0 to Deposit Account No. 50-0439.

The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 50-0439:

- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
- (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely. The Commissioner is hereby authorized to charge any such fee to Deposit Account No. 50-0439

Date: October 26, 2006

By: Ross F. Hunt, Jr.
Registration No.: 24,082

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